

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 3/07
 Page 1 of 2



Do Not Mark in This Space For
 Official Use Only

REGISTRATION TYPE

- ☐ INITIAL
☒ AMENDED

1. NAME OF COMMITTEE				2. ACRONYM			
Connecticut Republicans							
3. COMMITTEE ADDRESS							
Address 321 Ellis St Bldg 17-501				City New Britain		State CT	Zip Code 06051
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS			
				www.ctgop.org			
6. CHAIRPERSON NAME							
Prefix	First Gerald		MI	Last Labriola		Suffix Jr	
7. CHAIRPERSON RESIDENCE ADDRESS				8. CHAIRPERSON MAILING ADDRESS (if different)			
Street Address 8 Autumn Leaves Rd				Address 321 Ellis St Bldg 17-501			
City Wallingford		State CT	Zip Code 06492	City New Britain		State CT	Zip Code 06051
9. CHAIRPERSON TELEPHONE (Include Area Code)				10. CHAIRPERSON E-MAIL ADDRESS			
(860) 826 — 7378				jlabriola@ctgop.org			
11. TREASURER NAME							
Prefix	First Gary		MI M.	Last Schaffrick		Suffix	
12. TREASURER RESIDENCE ADDRESS				13. TREASURER MAILING ADDRESS (if different)			
Street Address 33 Forest St				Address 321 Ellis St Bldg 17-501			
City Bristol		State CT	Zip Code 06010	City New Britain		State CT	Zip Code 06051
14. TREASURER TELEPHONE (Include Area Code)				15. TREASURER E-MAIL ADDRESS			
(860) 806 — 0609				schaffrick@ctgop.org			
16. DEPUTY TREASURER-1 NAME							
Prefix	First		MI	Last		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS				18. DEPUTY TREASURER-1 MAILING ADDRESS			
Street Address				Address			
City		State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			
() —							

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

Page 2 of 2



**Do Not Mark in This Space For
Official Use Only**

REGISTRATION TYPE

☐ INITIAL

☒ AMENDED

NAME OF COMMITTEE										
Connecticut Republicans										
21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)										
Prefix		First			MI	Last			Suffix	
22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS					23. ALTERNATE DEPUTY TREASURER MAILING ADDRESS (if different)					
Street Address					Address					
City		State	Zip Code		City		State	Zip Code		
24. ALTERNATE DEPUTY TREASURER TELEPHONE				25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS						
() —										
26. DEPOSITORY INSTITUTION NAME										
First Niagara										
27. DEPOSITORY INSTITUTION ADDRESS										
Address					City		State		Zip Code	
1157 Highland Avenue, Cheshire, CT 06410										
28. SUBTYPE OF COMMITTEE				29. PARTY DESIGNATION						
<input type="checkbox"/> Town Committee <input checked="" type="checkbox"/> State Central Committee				<input checked="" type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Other_____						
30. CERTIFICATION										
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.										
						Gerald Labriola		06/29/2011		
						CHAIRPERSON (SIGNATURE)		DATE (mm/dd/yyyy)		
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.										
						Gary M. Schaffrick		06/29/2011		
						TREASURER (SIGNATURE)		DATE (mm/dd/yyyy)		
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.										
						DEPUTY TREASURER (SIGNATURE)		DATE (mm/dd/yyyy)		
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this statewide party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become jointly and severally responsible with the state party's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.										
						ALTERNATE DEPUTY TREASURER (SIGNATURE) (STATE CENTRAL COMMITTEES ONLY)		DATE (mm/dd/yyyy)		

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.